



Covina Police Department
444 North Citrus Avenue
Covina, CA 91723
(626) 384-5595, Ext. 5623
<http://www.covinaca.gov/city-departments/police>

**EVENT PROMOTER PERMIT
PART A: EXHIBIT 4
LIMITED PARTNERSHIP ("LP")
INFORMATION**

**EVENT PROMOTER PERMIT APPLICATION: PART A: EXHIBIT 4
LIMITED PARTNERSHIP ("LP") INFORMATION**

(Please type or print clearly. If additional space is needed, attach additional pages.)

Limited Partnership ("LP")				
Limited Partnership Name:		CA Secretary of State File Number:		
LP address:				
LP Mailing Address (if different):				
Contact Telephone Number:		E-Mail:		
Name of Agent for Service of Process:				
Address of Agent for Service of Process:				
Names & Complete Addresses of Each General Partner:				
NAME	ADDRESS	CITY	STATE	ZIP CODE
NAME	ADDRESS	CITY	STATE	ZIP CODE
NAME	ADDRESS	CITY	STATE	ZIP CODE
NAME	ADDRESS	CITY	STATE	ZIP CODE

☐ Additional page(s) attached.

I, the undersigned, have read Covina Municipal Code Chapter 5.28 ("Entertainment") with reference to this application and the presentation of entertainment in the City of Covina. I am duly authorized as or by the business owner to submit this application on the business owner's behalf. I affirm under penalty of perjury that the contents of this application (and all Exhibits and Attachments hereto) are true and accurate.

Printed Name:		Title:	
Signature:		Date:	

Copy of the Certificate of Limited Partnership and all amendments thereto must be attached.

Additional Information: _____